



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FILED
JUL 22 PM 3:11
CLERK
MAGNUS COUNTY CLERK
MT. CLEMENS, MICHIGAN

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper

FOR OFFICIAL USE ONLY

3. This Statement covers From: JAN 1, 2004 To JULY 18, 2004
Mo Day Year Mo Day Year

1. Committee I.D. Number
13700850

4. Committee's Mailing Address 39295 RIVERCREST
H.T. MI. 48045

Area Code and Phone (586) 465-1595

2. Committee Name CITIZENS FOR
RESPONSIVE + ETHICAL GOV

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address JAMES ULINSKI
39295 RIVERCREST
HARRISON TWP. MI. 48045
Area Code and Phone 586 465 1595

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designate Record Keeper)

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:
APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

8d. ☐ ANNUAL STATEMENT

(_____ Coverage Year)

8e. ☒ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☒ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

AUG 3 2004

Month Day Year

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8g
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking Item 8h, I certify that the
committee has no assets or outstanding
debts, including late filing fees. **Note:** The
disposition of residual funds must be
reported on Schedule 2B and the Summary
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper JAMES ULINSKI

Type or Print Name

Signature

Date JULY 22

Mo Day

Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 137008-50
2. Committee Name CIT. FOR REP + ETHICAL GOV

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>1200</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1200</u>	(18.) \$ <u>1200</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>1200</u>	(20.) \$ <u>1200</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>1248</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>0</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>1248</u>	(21.) \$ <u>1248</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>0</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>0</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0</u>	(22.) \$ <u>0</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>0</u>	(23.) \$ <u>0</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>0</u>	(24.) \$ <u>0</u>
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>0</u>	(25.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>1348</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>16.⁰⁸</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>1200</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1216.⁰⁸</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1216.⁰⁸</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137008-50
2. Committee Name CT. FOR RESP + ETH. GOV.

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>4/15/04</u> Name: <u>JAMES ULINSKI</u> Address: <u>39295 RIVER CREST</u> <u>HARRISON TWP, MI. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PROG. ENG.</u> Employer <u>CINETIC AUTOMATION</u> Business Address <u>FARMINGTON HILLS</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100	100
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>6/20/04</u> Name: <u>JAMES ULINSKI</u> Address: <u>SAME AS ABOVE</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	400	500
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>6/15/04</u> Name: <u>MATT EINEMAN</u> Address: <u>39765 CHART</u> <u>HARRISON TWP. MI. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100	100
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>6/20/04</u> Name: <u>MICHAEL RICE</u> Address: <u>31789 N. RIVER RD</u> <u>HARRISON TWP. MI. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500	500
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		1100

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137008-50
2. Committee Name CT. FOR RESP. & ETH. GOV.

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>6/21/04</u></p> <p>Name: <u>JAMES ULINSKI</u></p> <p>Address: <u>39295 RIVERCREST</u> <u>HARRISON TWP, MI. 48045</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>100</u>	<u>600</u>
<p>3. Contribution # 2</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 3</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 4</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>Page Subtotal</p> <p>Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		<u>100</u> <u>1200</u>

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 137008-50

2. Committee Name CIT. FOR REP + ETHICAL GOV.

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: <u>JAMES ULINSKI</u> Address: <u>39295 RIVERCREST</u> <u>H.T. MI. 48045</u> If over \$100.00 cumulative, please provide: Occupation: <u>PROJ ENG.</u> Employer: <u>CINETIC AUTOMATION</u> Business Address: <u>FARMINGTON HILLS.</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>NEWS PAPER ADD</u> 5. DATE OF RECEIPT: <u>6/23/04</u> 6. VENDOR NAME & ADDRESS: _____ <u>G + G NEWS - WARREN</u>	<u>\$1248.⁰⁰</u>	<u>1848.⁰⁰</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> YES Name: _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		
Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name: _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		

Page Subtotal

Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

1248
1248

Enter this total
on line 6a of
Summary Page
CFR 5/2000 pac 2-IK



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number

137008-50

2. Committee Name

CIT. FOR REP + ETHICAL GOV

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES ULINSKI</u> <u>39295 RIVERCREST</u> <u>HARRISON TWP. MI</u>	4. Type: <u>NEWS AD</u> Code <u>PA</u> 5. Date Debt Was Incurred: <u>6/21/04</u> 6. Original Amount of Debt: <u>\$ 100</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$		<u>100</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES ULINSKI</u> <u>SAME AS ABOVE</u>	4. Type: <u>NEWS AD</u> Code <u>PA</u> 5. Date Debt Was Incurred: <u>6/23/04</u> 6. Original Amount of Debt: <u>\$ 1248</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$		<u>1248</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1348

Grand Total of all Schedules 2E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

1348

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total or line 12a "owed by", or line 12b "owed to" of the Summary Page